

## Monthly PEBB COBRA Rates

Effective January 1, 2004

### Special Requirements

1. To qualify for the Medicare rate, you must be enrolled in both Parts A and B of Medicare.
2. Medicare-enrolled subscribers in Group Health Cooperative's Medicare+Choice plan, Kaiser Senior Advantage, and PacifiCare Secure Horizons plans must agree to and sign the *Medicare+Choice Plan Election Form* to qualify for the lower Medicare rate. For more information on these requirements, please contact your health plan's customer service department.

Medical Plans								
Subscribers not eligible for Medicare (or enrolled in Part A only):	Community Health Plan of Washington	Group Health Cooperative	Group Health Options	Kaiser Foundation Health Plan of the Northwest	PacifiCare of Washington, Inc.	RegenceCare	Uniform Medical Plan Preferred Provider Organization	UMP Neighborhood
<b>Subscriber Only</b>	\$341.54	\$343.54	\$361.77	\$332.63	\$ 381.31	\$ 382.20	\$329.30	\$319.38
<b>Subscriber &amp; Spouse</b>	679.16	683.16	719.63	661.35	758.70	760.49	654.68	634.85
<b>Subscriber &amp; Child(ren)</b>	594.75	598.25	630.17	579.17	664.35	665.92	573.33	555.98
<b>Full Family</b>	932.37	937.87	988.02	907.88	1,041.74	1,044.20	898.71	871.45
Subscribers enrolled in Parts A & B of Medicare:								
<b>Subscriber Only</b>	316.77	253.19	320.74	207.56	247.23	350.56	232.84	232.84
<b>Subscriber &amp; Spouse (1 eligible)</b>	654.39	592.81	678.60	536.28	624.62	728.85	558.22	548.30
<b>Subscriber &amp; Spouse (2 eligible)</b>	629.63	502.47	637.56	411.20	490.54	697.21	461.75	461.75
<b>Subscriber &amp; Child(ren)</b>	569.99	507.91	589.13	454.09	530.27	634.28	476.87	469.43
<b>Subscriber &amp; Child(ren) (2 eligible)</b>	629.63	502.47	637.56	411.20	490.54	697.21	461.75	461.75
<b>Full Family (1 eligible)</b>	907.61	847.53	946.99	782.81	907.66	1,012.56	802.25	784.90
<b>Full Family (2 eligible)</b>	882.84	757.19	905.95	657.74	773.58	980.92	705.79	698.35
<b>Full Family (3 eligible)</b>	942.48	751.75	954.38	614.85	733.85	1,043.86	690.67	690.67

<b>Dental Plans with Medical Plan</b>	DeltaCare, administered by Washington Dental Service	Regence BlueShield Columbia Dental Plan	Uniform Dental Plan
<b>Subscriber Only</b>	\$33.03	\$ 34.65	\$ 36.09
<b>Subscriber &amp; Spouse</b>	66.06	69.30	72.18
<b>Subscriber &amp; Child(ren)</b>	66.06	69.30	72.18
<b>Full Family</b>	99.08	103.95	108.26

<b>Dental Plans Dental Only</b>	DeltaCare, administered by Washington Dental Service	Regence BlueShield Columbia Dental Plan	Uniform Dental Plan
<b>Subscriber Only</b>	\$ 36.94	\$ 38.57	\$ 40.00
<b>Subscriber &amp; Spouse</b>	69.97	73.22	76.09
<b>Subscriber &amp; Child(ren)</b>	69.97	73.22	76.09
<b>Full Family</b>	103.00	107.87	112.18